

Kit 1/10/91

SCORING KEY FOR NIOSH GENERAL JOB STRESS QUESTIONNAIRE

1. Physical Environment Evaluation: Page 2, Questions 1 to 10.

Compute average of items, reverse score 1,2,5,9,10.

2. Role Conflict: Page 2 & 3 Questions 3,5,7,8,10,11,12,14.

Compute average of items, no reverse scoring.

Alpha = .82 (From data from 700 Newfoundland NURSES)

3. Role Ambiguity: Pages 2 & 3, Questions 1,2,4,6,9,13.

Compute average of items, reverse score all items.

Alpha = .74 (NURSES)

4. Intragroup Conflict: Page 3, Questions 1 to 8.

Compute average of items, reverse score 1,5,7,8.

Alpha = .86 (NURSES)

5. Intergroup Conflict: Page 3 & 4, Questions 9 to 16.

Compute average of items, reverse score 10,12,14.

Alpha = .85 (NURSES)

NOTE: Principal Factor and Principal Components Analyses (using oblique rotation) of the nurses responses to the Conflict Items indicate that there are three factors present:

Intragroup\_Conflict (Questions 2,3,4,6, & 15)

Alpha = .79

Intergroup\_Conflict (Questions 9,10,11,12,13,14, & 16)

Alpha = .85

Group\_Cohesion (Questions 1,5,7, & 8)

Alpha = .81

6. Job Future Ambiguity: Page 4, Questions 1 to 4.

Compute average of items, reverse score all items.

Alpha = .65 (NURSES)

7. Perceived Control, Page 5 and 6, Questions 1 to 16.

Compute average of items, no reverse scoring.

Alpha = .90 (NURSES)

NOTE: Principal Factor Analysis (oblique rotation) with Scree test indicate the presence of four factors:

Task\_Control (Questions 1,3,4,5,6,15, & 16)

Alpha = .85

Decision\_Control (Questions 8,10,11,& 13)

Alpha = .74

Physical\_Environment\_Control (Questions 7 & 14)

Alpha = .79

Resource\_Control (Questions 2 & 12)

Alpha = .82

8. Lack of Alternative Opportunities: Page 6, Questions 1 to 3.

Compute average of items, no reverse scoring.

Alpha = .80

9. Social Support from Supervisor: Page 6 & 7, Questions 1A,2A,3A,4A.

Compute average of items, no reverse scoring.

Alpha = .88 (.87 from NIOSH study of 6000 postal workers)

10. Social Support from Coworkers: Pages 6 & 7, Questions 1B,2B,3B,4B.

Compute average of items, no reverse scoring.

Alpha = .84 (.85 POSTAL WORKERS)

11. Social Support from Family/Friends: Page 6 & 7, Questions 1C,2C,3C,4C

Compute average of items, no reverse scoring.

Alpha = .85 (.76 POSTAL WORKERS)

12. Quantitative Workload: Page 7, Questions 1 to 4, page 8,  
Questions 1 to 7.

Compute average of items, reverse score questions  
1,2,5,7, Page 8.

Alpha = .85 (NURSES)

13. Variance in Workload: Page 7 & top page 8, Questions 5 to 7.

Compute average of items, no reverse scoring.

Alpha = .86 (NURSES)

NOTE: Principal Factors and Principal Components Analyses  
(using oblique rotation) of responses to all workload items  
by Nurses indicated slightly different factors:

Quantitative Workload (Page 8, Questions 1,2,3,4,5,& 7)

Alpha = .75

Variance in Workload (Page 7 and top page 8, Questions  
1-7)

Alpha = .90

14. Responsibility for People: Bottom Page 8, Questions 8 to 11.

Compute average of items, no reverse scoring.

Alpha = .62 (NURSES)

15. Skill Underutilization: Top Page 8, Questions 8 to 10.

Compute average of items, reverse score all items.

Alpha = .73 (NURSES)

16. Mental Demands: Page 9, Questions 1 to 5.

Compute average of items reverse score 1,2,3.

Alpha = .75 (.71 POSTAL WORKERS)

17. Nonwork Activities: Page 9, Questions 1 to 7.

Compute sum of items, scoring "yes" as 1 and "no" as 0

18. Type A Personality: Bottom Page 14 & 15, Questions 1 to 20.

Compute average of items, reverse score Questions  
3,6,8,9,11,12,14,15,16,18.

*No longer  
used*

Alpha = .85 (POSTAL WORKERS)

19. Self-Esteem: Bottom page 9 and Top Page 10, Questions 1 to 10.

Compute average of items, reverse score Questions 2,3,6,7,& 9.

Alpha = .85 (NURSES)

20. Somatic Complaints: Page 10, Questions 1 to 17.

Compute average of items, no reverse scoring.

Alpha = .87 (NURSES)

21. Job Satisfaction: Top Page 14, Questions 1 to 4.

Compute average of items, reverse score all items.

Alpha = .83 (NURSES)

# NIOSH GENERAL JOB STRESS QUESTIONNAIRE

## GENERAL JOB INFORMATION

1. How long have you worked for your present employer? \_\_\_\_\_  

years
months
  
2. What is your current job title? \_\_\_\_\_
  
3. How long have you worked in this job? \_\_\_\_\_  

years
months
  
4. Please circle the most appropriate description of your job situation:
 

Full-time permanent employee .....	1
Full-time temporary employee .....	2
Part-time permanent employee .....	3
Casual .....	4
Other _____	5

Specify
  
5. Circle the description that comes closest to your present work shift:
 

Rotating eight-hour shift .....	1
Rotating twelve-hour shift .....	2
Permanent day shift .....	3
Permanent evening shift .....	4
Permanent night shift .....	5
Other _____	6

Specify
  
6. How long have you worked the shift you circled above? \_\_\_\_\_  

years
months
  
7. If you work on a rotating shift, what rotation pattern do you follow?
 

<u>Eight-hour shift:</u>		<u>Twelve-hour shift:</u>	
day to evening to night ...	1	day to night ...	4
night to evening to day ...	2	night to day ...	5
no set pattern ...	3	no set pattern ...	6
  
8. How many times a week do you change shifts?
 

[0] I don't change .....	1
2 times .....	2
more than 2 times .....	3
other _____	4

Specify
  
9. How many hours do you normally work per week in your job (not counting overtime)?  
 \_\_\_\_\_ hours
  
10. How many hours overtime do you work in your job in an average week?  
 \_\_\_\_\_ hours
  
11. How many hours per week do you work on any other job?  
 (Please mark "0" if no other job) \_\_\_\_\_ hours

## PHYSICAL ENVIRONMENT

Please indicate whether the following statements about your job are true or false: (Circle one number per item)

	<u>TRUE</u>	<u>FALSE</u>
1. The level of noise in the area(s) in which I work is usually high.	1	2
2. The level of lighting in the area(s) in which I work is usually poor.	1	2
3. The temperature of my work area(s) during the summer is usually comfortable.	1	2
4. The temperature of my work area(s) during the winter is usually comfortable.	1	2
5. The humidity in my work area(s) is usually either too high or too low.	1	2
6. The level of air circulation in my work area(s) is good.	1	2
7. The air in my work area(s) is clean and free of pollution.	1	2
8. In my job, I am well protected from exposure to dangerous substances (e.g. radiation, medications and anesthetic gases, etc.).	1	2
9. The overall quality of the physical environment where I work is poor.	1	2
10. My work area(s) is/are awfully crowded.	1	2

## YOUR JOB

How accurate are each of the following statements in describing your job? Use the following response categories:

<u>Very</u> <u>Inaccurate</u>	<u>Mostly</u> <u>Inaccurate</u>	<u>Slightly</u> <u>Inaccurate</u>	<u>Uncertain</u>	<u>Slightly</u> <u>Accurate</u>	<u>Mostly</u> <u>Accurate</u>	<u>Very</u> <u>Accurate</u>
1	2	3	4	5	6	7

\_\_\_\_\_ 1. I feel certain about how much authority I have.

AMB/G 2. There are clear, planned goals and objectives for my job.

KC 3. I have to do things that should be done differently.

\_\_\_\_\_ 4. I know that I have divided my time properly.

- RC 5. I receive an assignment without the help I need to complete it.
- Agree 6. I know what my responsibilities are.
- RC 7. I have to bend or break a rule or policy in order to carry out an assignment.
- RC 8. I work with two or more groups who operate quite differently.
9. I know exactly what is expected of me.
- RC 10. I receive incompatible requests from two or more people.
- RC 11. I do things that are apt to be accepted by one person and not accepted by others.
- RC 12. I receive an assignment without adequate resources and materials to execute it.
13. Explanation is clear about what has to be done on my job.
- RC 14. I work on unnecessary things.

#### CONFLICT AT WORK

Using the scale below, please answer the following questions about your work situation.

Disagree	Moderately	Neither Agree	Moderately	Strongly
<u>Strongly</u>	<u>Disagree</u>	<u>nor Disagree</u>	<u>Agree</u>	<u>Agree</u>
1	2	3	4	5

1. There is harmony within my group.
2. In our group, we have lots of bickering over who should do what job.
3. There is difference of opinion among the members of my group.
4. There is dissension in my group.
5. The members of my group are supportive of each other's ideas.
6. There are clashes between subgroups within my group.
7. There is friendliness among the members of my group.
8. There is "we" feeling among members of my group.
9. There are disputes between my group and other groups.
10. There is agreement between my group and other groups.
11. Other groups withhold information necessary for the attainment of our group tasks.

- \_\_\_\_\_12. The relationship between my group and other groups is harmonious in attaining the overall organizational goals.
- \_\_\_\_\_13. There is lack of mutual assistance between my group and other groups.
- \_\_\_\_\_14. There is cooperation between my group and other groups.
- \_\_\_\_\_15. There are personality clashes between my group and other groups.
- \_\_\_\_\_16. Other groups create problems for my group.

#### YOUR JOB FUTURE

In the future, some jobs will be changing while others will be staying the same. Here are some questions which deal with this topic.

- | <u>Somewhat</u><br><u>Uncertain</u><br>1 | <u>A little</u><br><u>Uncertain</u><br>2 | <u>Somewhat</u><br><u>Certain</u><br>3 | <u>Fairly</u><br><u>Certain</u><br>4 | <u>Very</u><br><u>Certain</u><br>5 |
|--|--|--|--------------------------------------|------------------------------------|
| _____                                    |  |  |                                      |                                    |
| _____                                    |  |  |                                      |                                    |
| _____                                    |  |  |                                      |                                    |
| _____                                    |  |  |                                      |                                    |
| _____                                    |  |  |                                      |                                    |
1. How certain are you about what your future career picture looks like?
  2. How certain are you of the opportunities for promotion and advancement which will exist in the next few years?
  3. How certain are you about whether your job skills will be of use and value five years from now?
  4. How certain are you about what your responsibilities will be six months from now?
  5. If you lost your job, how certain are you that you could support yourself?



## CONTROL SCALE

The next series of questions asks how much influence you now have in each of several areas. By influence we mean the degree to which you control what is done by others at work and have freedom to determine what you do yourself at work.

<u>Very Little</u>	<u>Little</u>	<u>A Moderate Amount</u>	<u>Much</u>	<u>Very Much</u>
1	2	3	4	5

- TC 1. <sup>BE</sup> How much influence do you have over the variety of tasks you perform?
- \_\_\_ 2. How much influence do you have over the availability of supplies and equipment you need to do your work?
- TC 3. <sup>BE</sup> How much influence do you have over the order in which you perform tasks at work?
- TC 4. <sup>BE</sup> How much influence do you have over the amount of work you do?
- TC 5. <sup>BE</sup> How much influence do you have over the pace of your work, that is how fast or slow you work?
- TC 6. <sup>BE</sup> How much influence do you have over the quality of the work that you do?
- PHYSICAL 7. How much influence do you have over the arrangement and decoration of your work area?
- \_\_\_ 8. How much influence do you have over the decisions concerning which individuals in your work unit do which tasks?
- SCALE Allocation 9. <sup>BE</sup> How much influence do you have over the hours or schedule that you work?
- \_\_\_ 10. How much influence do you have over the decisions as to when things will be done in your work unit?
- \_\_\_ 11. How much do you influence the policies, procedures, and performance in your unit?
- \_\_\_ 12. How much influence do you have over the availability of materials you need to do your work?
- \_\_\_ 13. How much influence do you have over the training of other workers in your unit?

*BE = Big EARS Q*

14. How much influence do you have over the arrangement of furniture and other work equipment in your unit?
15. To what extent can you do your work ahead and take a short rest break during work hours?
16. In general, how much influence do you have over work and work-related factors?

### EMPLOYMENT OPPORTUNITIES

The next four questions ask you to evaluate your feelings about your job in relationship to other jobs you might be able to get. Please respond to each item by placing a check mark next to the response that best indicates your feelings about the question.

1. How easy would it be for you to find a suitable job with another employer?  
☐ (1) Very easy                      ☐ (4) Not quite so easy  
☐ (2) Quite easy                      ☐ (5) Not easy at all  
☐ (3) Fairly easy
2. How easy would it be for you to find a job as good as the one you now have with another employer?  
☐ (1) Very easy                      ☐ (4) Not quite so easy  
☐ (2) Quite easy                      ☐ (5) Not easy at all  
☐ (3) Fairly easy
3. How would you describe the number of available jobs, with all types of employers, for a person with your qualifications?  
☐ (1) A great many                      ☐ (4) Few  
☐ (2) Quite a few                      ☐ (5) Very few  
☐ (3) A moderate number
4. How likely is it that you would you have to move out of your local area to find a suitable job with another employer?  
☐ (1) Very unlikely                      ☐ (3) Somewhat likely  
☐ (2) Somewhat unlikely                      ☐ (4) Very likely

### SOCIAL SUPPORT

1. How much does each of these people go out of their way to do things to make your work life easier for you?

	Very Much	Some- what	A Little	Not at all	Don't Have any Such person
a. Your immediate supervisor (boss)	5	4	3	2	1
b. Other people at work	5	4	3	2	1
c. Your spouse, friends and relatives	5	4	3	2	1

2. How easy is to talk with each of the following people?

	Very Much	Some- What	A Little	Not at all	Don't Have any Such person
a. Your immediate supervisor (boss)	5	4	3	2	1
b. Other people at work	5	4	3	2	1
c. your spouse, friends and relatives	5	4	3	2	1

3. How much can each of these people be relied on when things get tough at work?

	Very Much	Some- what	A Little	Not at all	Don't Have any Such person
a. Your immediate supervisor (boss)	5	4	3	2	1
b. Other people at work	5	4	3	2	1
c. Your spouse, friends and relatives	5	4	3	2	1

4. How much is each of the following willing to listen to your personal problems?

	Very Much	Some- what	A little	Not at all	Don't Have any Such person
a. Your immediate supervisor (boss)	5	4	3	2	1
b. Other people at work	5	4	3	2	1
c. Your spouse, friends and relatives	5	4	3	2	1

#### JOB REQUIREMENTS

Now we would like you to indicate how often certain things happen at your job. Please write a number in the space next to each item based on the following scale.

How often do these things happen in your job?

<u>Rarely</u>	<u>Occasionally</u>	<u>Sometimes</u>	<u>Fairly Often</u>	<u>Very Often</u>
1	2	3	4	5

- \_\_\_\_\_ 1. How often does your job require you to work very fast?
- \_\_\_\_\_ 2. How often does your job require you to work very hard?
- \_\_\_\_\_ 3. How often does your job leave you with little time to get things done?
- \_\_\_\_\_ 4. How often is there a great deal to be done?
- \_\_\_\_\_ 5. How often is there a marked increase in the work load?
- \_\_\_\_\_ 6. How often is there a marked increase in the amount of concentration required on your job?

- \_\_\_ 7. How often is there a marked increase in how fast you have to think?
- \_\_\_ 8. How often does your job let you use the skills and knowledge you learned in school?
- \_\_\_ 9. How often are you given a chance to do the things you do best?
- \_\_\_ 10. How often can you use the skills from your previous experience and training.

#### WORKLOAD AND RESPONSIBILITY

The next few items are concerned with various aspects of your work activities. Please indicate how much of each aspect you have on your job by writing a number in the space provided based on the following scale.

Hardly <u>Any</u>	A <u>Little</u>	<u>Some</u>	A <u>Lot</u>	A Great <u>Deal</u>
1	2	3	4	5

- \_\_\_ 1. How much slowdown in the work load do you experience?
- \_\_\_ 2. How much time do you have to think and contemplate?
- \_\_\_ 3. How much work load do you have?
- \_\_\_ 4. What quantity of work do others expect you to do?
- \_\_\_ 5. How much time do you have to do all your work?
- \_\_\_ 6. How many projects, assignments, or tasks do you have?
- \_\_\_ 7. How many lulls between heavy work load periods do you have?
- \_\_\_ 8. How much responsibility do you have for the future of others?
- \_\_\_ 9. How much responsibility do you have for the job security of others?
- \_\_\_ 10. How much responsibility do you have for the morale of others?
- \_\_\_ 11. How much responsibility do you have for the welfare and lives of others?

## MENTAL DEMANDS

Please indicate the degree to which you agree or disagree with the following statements about your job. Use the following scale.

<u>Strongly Agree</u>	<u>Slightly Agree</u>	<u>Slightly Disagree</u>	<u>Strongly Disagree</u>
1	2	3	4
___ 1. My job requires a great deal of concentration.			
___ 2. My job requires me to remember many different things.			
___ 3. I must keep my mind on my work at all times.			
___ 4. I can take it easy and still get my work done.			
___ 5. I can let my mind wander and still do the work.			

## NON-WORK ACTIVITIES

	<u>YES</u>	<u>NO</u>
1. Do you work on another job in addition to this one?...	1	0
2. Do you have children at home?.....	1	0
3. Do you have primary responsibility for childcare duties?.....	1	0
4. Do you have primary responsibility for housecleaning duties?.....	1	0
5. Do you have primary responsibility for the care of an elderly or disabled person on a regular basis?	1	0
6. Are you going to school and taking courses for credit toward a degree?	1	0
7. Do you belong to a voluntary or religious organization at which you spend at least 5-10 hours per week?	1	0

## HOW YOU FEEL ABOUT YOURSELF

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither agree Nor Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4	5
___ 1. On the whole, I am satisfied with myself.				
___ 2. I feel I do not have much to be proud of.				
___ 3. I certainly feel useless at times.				

- \_\_\_ 4. I feel that I'm a person of worth, at least on an equal basis with others.
- \_\_\_ 5. I feel that I have a number of good qualities.
- \_\_\_ 6. All in all, I am inclined to feel that I am a failure.
- \_\_\_ 7. I wish I could have more respect for myself.
- \_\_\_ 8. I am able to do things as well as most other people.
- \_\_\_ 9. At times I think I am no good at all.
- \_\_\_ 10. I take a positive attitude toward myself.

#### GENERAL HEALTH

This portion of the questionnaire contains items that are related to general health. These items are not necessarily related to severe physical illness but are things that people experience in their day to day lives.

How often have you experienced any of the following during the past month?

- | <u>Never</u> | <u>Occasionally</u> | <u>Sometimes</u> | <u>Fairly Often</u> | <u>Very Often</u> |
|--------------|---------------------|------------------|---------------------|-------------------|
| 1            | 2                   | 3                | 4                   | 5                 |
| ___ 1.       |                     |                  |                     |                   |
| ___ 2.       |                     |                  |                     |                   |
| ___ 3.       |                     |                  |                     |                   |
| ___ 4.       |                     |                  |                     |                   |
| ___ 5.       |                     |                  |                     |                   |
| ___ 6.       |                     |                  |                     |                   |
| ___ 7.       |                     |                  |                     |                   |
| ___ 8.       |                     |                  |                     |                   |
| ___ 9.       |                     |                  |                     |                   |
| ___ 10.      |                     |                  |                     |                   |
| ___ 11.      |                     |                  |                     |                   |
| ___ 12.      |                     |                  |                     |                   |

- \_\_\_\_13. You were bothered by having an upset stomach or stomach ache.
- \_\_\_\_14. You were bothered by your heart beating.
- \_\_\_\_15. You were in ill health which affected your work.
- \_\_\_\_16. You had a loss of appetite.
- \_\_\_\_17. You had trouble sleeping at night.

#### HEALTH CONDITIONS

Within the past twelve months, has a doctor ever treated you for, or told you that you had: (please circle)

	<u>NO</u>	<u>YES</u>
1. Diabetes.....	1	2
2. Cancer.....	1	2
3. Hernia or rupture.....	1	2
4. Tuberculosis.....	1	2
5. Asthma.....	1	2
6. "High" blood pressure.....	1	2
7. Heart disease.....	1	2
8. Arthritis.....	1	2
9. Epilepsy.....	1	2
10. Glaucoma.....	1	2
11. Paralysis, tremor, or shaking.....	1	2
12. Kidney or bladder trouble.....	1	2
13. Lung or breathing problems.....	1	2
14. Stroke.....	1	2
15. Anemia.....	1	2
16. Gall Bladder, liver, or pancreas trouble.....	1	2
17. Thyroid trouble or goiter.....	1	2
18. Insomnia.....	1	2
19. Gastritis.....	1	2
20. Colitis.....	1	2
21. Stomach ulcer.....	1	2
22. Alcoholism.....	1	2
23. Emotional problems.....	1	2
24. Back problems.....	1	2

#### OTHER HEALTH INFORMATION

1. On an average day, how many of each of the following do you smoke?  
(Mark 0 if you don't smoke.)

- a. Cigarettes \_\_\_\_\_ (Cigarettes)
- b. Cigars \_\_\_\_\_ (Cigars)
- c. Pipefuls of tobacco \_\_\_\_\_ (Pipefuls)

2. During the past 6 months, have you had any on the job accidents?

YES \_\_\_\_\_ 1  
NO \_\_\_\_\_ 2

3. During the past month, about how many days of sick leave did you take? \_\_\_\_\_ Days (Please mark "0" if none).

4. During the past week, how often did you experience the following:

Rarely or none of the time (less than 1 day)	Some of the time (1-2 days)	Occassionaly or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
_____ 0	_____ 1	_____ 2	_____ 3

- \_\_\_\_\_ I was bothered by things that usually don't bother me.
- \_\_\_\_\_ I did not feel like eating; my appetite was poor.
- \_\_\_\_\_ I felt that I could not shake off the blues even with help from my family or friends.
- \_\_\_\_\_ I felt that I was just as good as other people.
- \_\_\_\_\_ I had trouble keeping my mind on what I was doing.
- \_\_\_\_\_ I felt depressed.
- \_\_\_\_\_ I felt that everything I did was an effort.
- \_\_\_\_\_ I felt hopeful about the future.
- \_\_\_\_\_ I thought my life had been a failure.
- \_\_\_\_\_ I felt fearful.
- \_\_\_\_\_ My sleep was restless.
- \_\_\_\_\_ I was happy.
- \_\_\_\_\_ I talked less than usual.
- \_\_\_\_\_ I felt lonely.
- \_\_\_\_\_ People were unfriendly.
- \_\_\_\_\_ I enjoyed life.
- \_\_\_\_\_ I had crying spells.
- \_\_\_\_\_ I felt sad.
- \_\_\_\_\_ I felt that people disliked me.
- \_\_\_\_\_ I could not get "going".

5. During the past month, have you experienced any of the following: (please circle)

	<u>NO</u>	<u>YES</u>
1. Cold or flu symptoms	1	2
2. Hayfever or allergy symptoms	1	2
3. Allergic skin rash	1	2
4. Slow healing wounds	1	2
5. Cold sores or fever blisters	1	2
6. Arthritis symptoms (swollen or painful joints)	1	2
7. Other illness (please explain)	1	2

\_\_\_\_\_  
\_\_\_\_\_



## BACKGROUND INFORMATION

1. What is your sex? (Circle one)

Female

Male

2. How old were you on your last birthday? \_\_\_\_\_ years

3. What is your marital status?

Married

1

Single, Divorced

3

Single, Never Married

2

Single, Widowed

4

4. If you have children living at home, how many are in each of the following age groups? (Fill in number)

Under 4 years \_\_\_\_\_ (Children)

4 through 12 years \_\_\_\_\_ (Children)

13 through 18 years \_\_\_\_\_ (Children)

19 and over \_\_\_\_\_ (Children)

## JOB SATISFACTION

We would like you to think about the type of work you do in your job.  
Circle one number per item.

1. Knowing what you know now, if you had to decide all over again whether to take the type of job you now have, what would you decide?

I Would.....

1

Decide Without  
Hesitation to  
Take the Same Job

2

Have Some  
Second Thoughts

3

Decide Definitely  
Not to Take  
This Type of Job

2. If you were free right now to go into any type of job you wanted, what would your choice be?

I Would.....

1

Take the Same  
Job

2

Take A  
Different Job

3

Not Want  
to Work

3. If a friend of yours told you he/she was interested in working in a job like yours, what would you tell him/her? (Circle one Number)

I Would.....

1

Strongly Recommend It

2

Have Doubts About  
Recommending It

3

Advise Against It

4. All in all, how satisfied would you say you are with your job?  
(Circle One Number)

I Am.....

1

Very  
Satisfied

2

Somewhat  
Satisfied

3

Not Too  
Satisfied

4

Not At All  
Satisfied

No longer used

### ACTIVITY LEVEL

Please indicate the degree to which each of the following statements are true or false as they apply to you. Use this scale:

- | Definitely<br><u>False</u><br>1 | Mostly<br><u>False</u><br>2 | Don't<br><u>Know</u><br>3 | Mostly<br><u>True</u><br>4 | Definitely<br><u>True</u><br>5 |
|---------------------------------|-----------------------------|---------------------------|----------------------------|--------------------------------|
| ___                             |                             |                           |                            |                                |
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## PROBLEMS AT WORK

People deal with day to day problems at work in many ways. When faced with problems at work, how often do you do each of the following? Use this scale:

<u>Rarely</u>	<u>Occasionally</u>	<u>Sometimes</u>	<u>Fairly Often</u>	<u>Very Often</u>
1	2	3	4	5

- \_\_\_\_\_ 1. Make a plan to solve the problem(s) and stick to it.
- \_\_\_\_\_ 2. Go on as if nothing has happened.
- \_\_\_\_\_ 3. Feel responsible for the problem(s).
- \_\_\_\_\_ 4. Daydream or wish that you could change the problem(s).
- \_\_\_\_\_ 5. Talk to your boss or co-workers about the problem(s).
- \_\_\_\_\_ 6. Become more involved in activities outside of work.